

### **Amendments to the Drawings**

The attached sheets of drawings includes changes to Figs. 6-9. These sheets, which include Figs. 6-9, replaces the original sheets including Figs. 6-9.

Attachment: Replacement Sheets

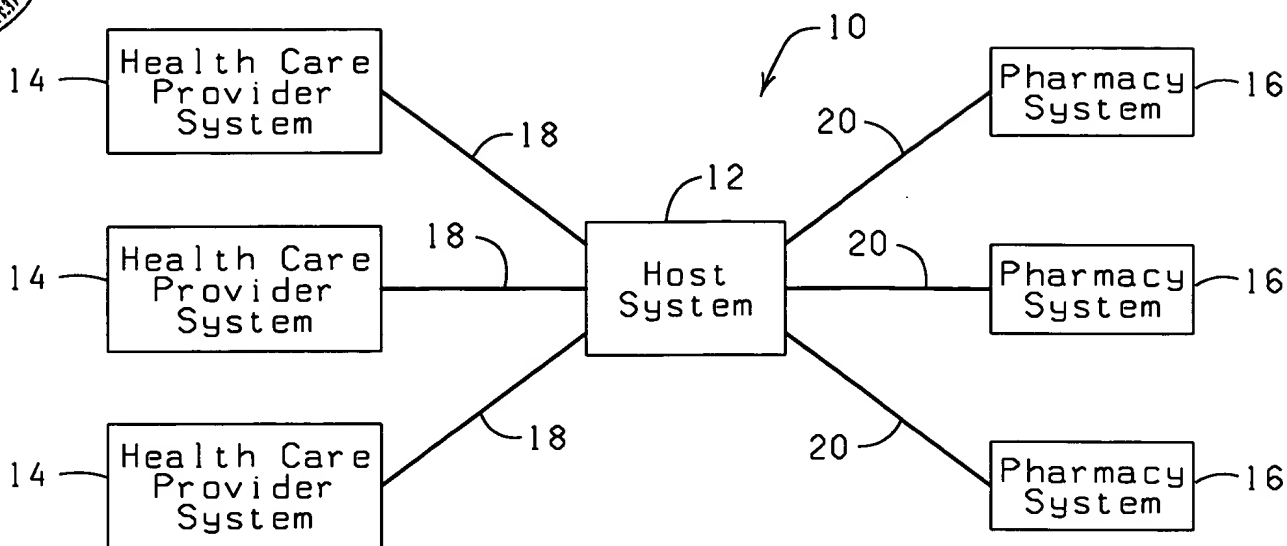


FIG. 1

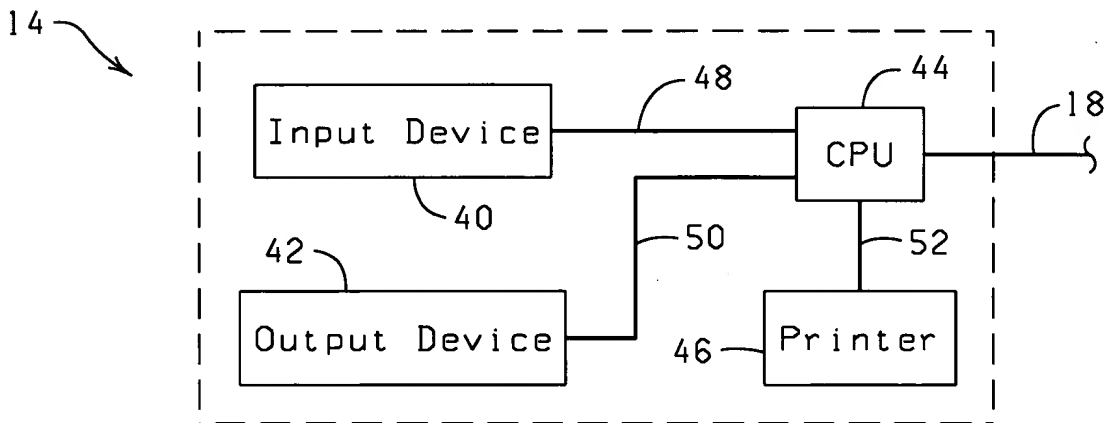


FIG. 2

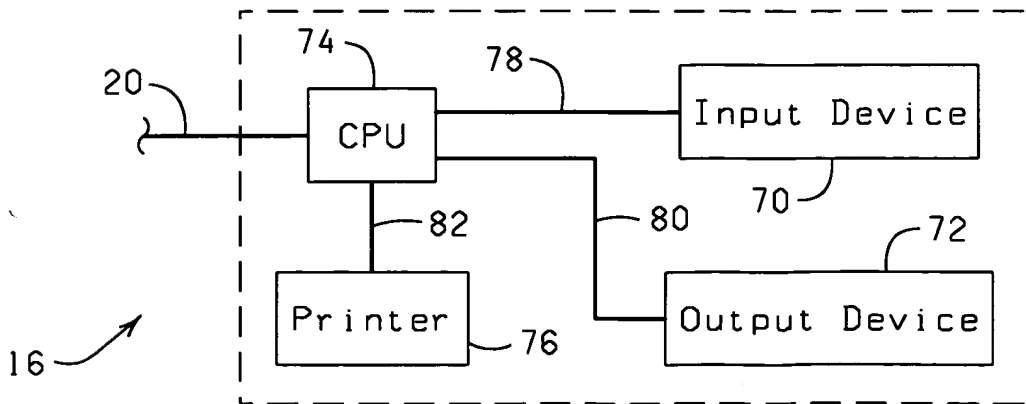


FIG. 3

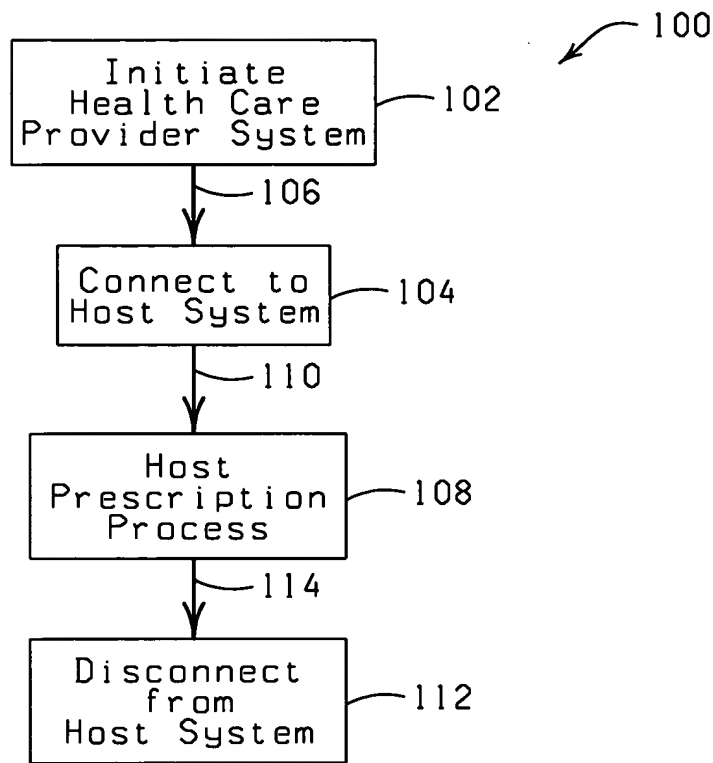


FIG. 4

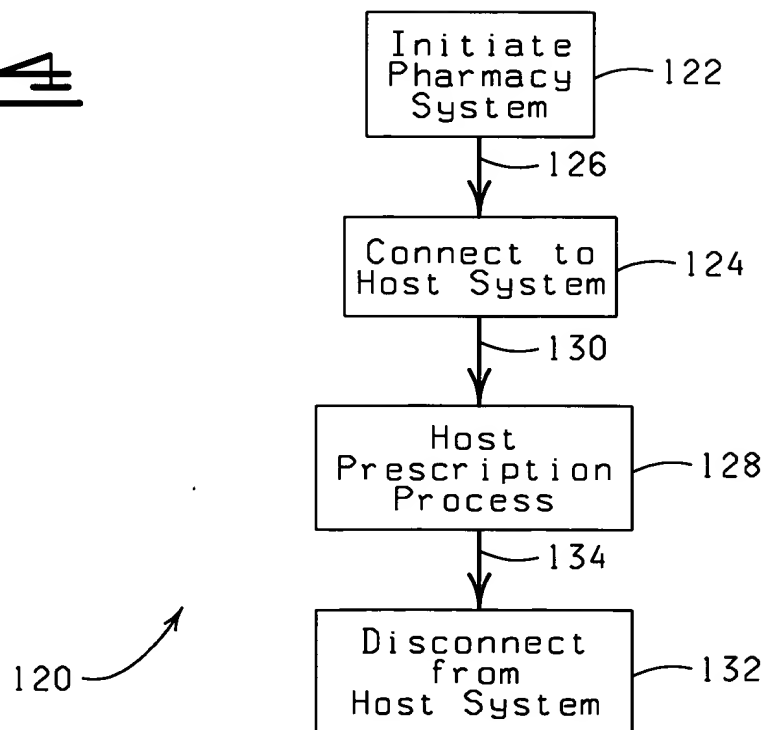


FIG. 5

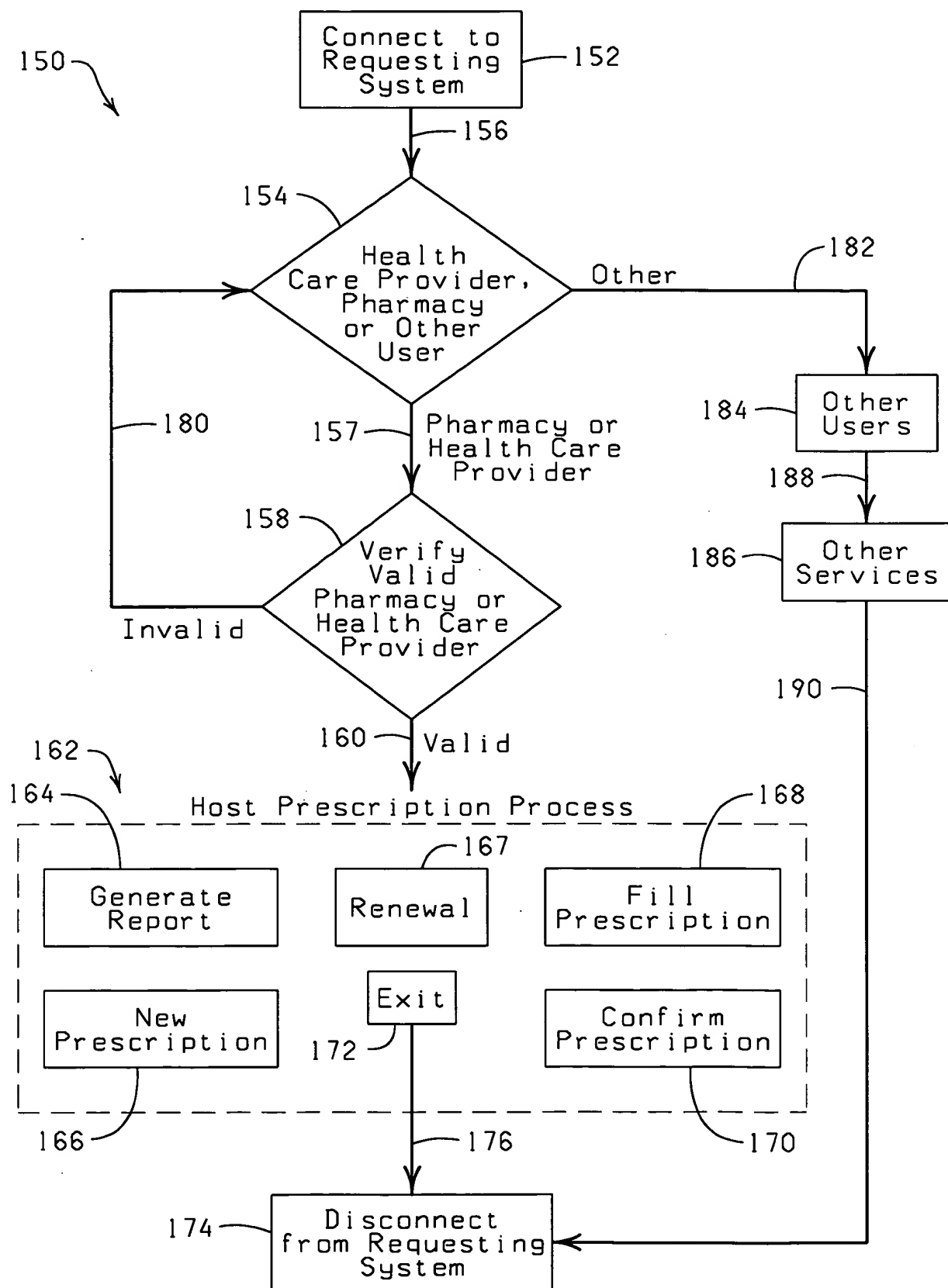
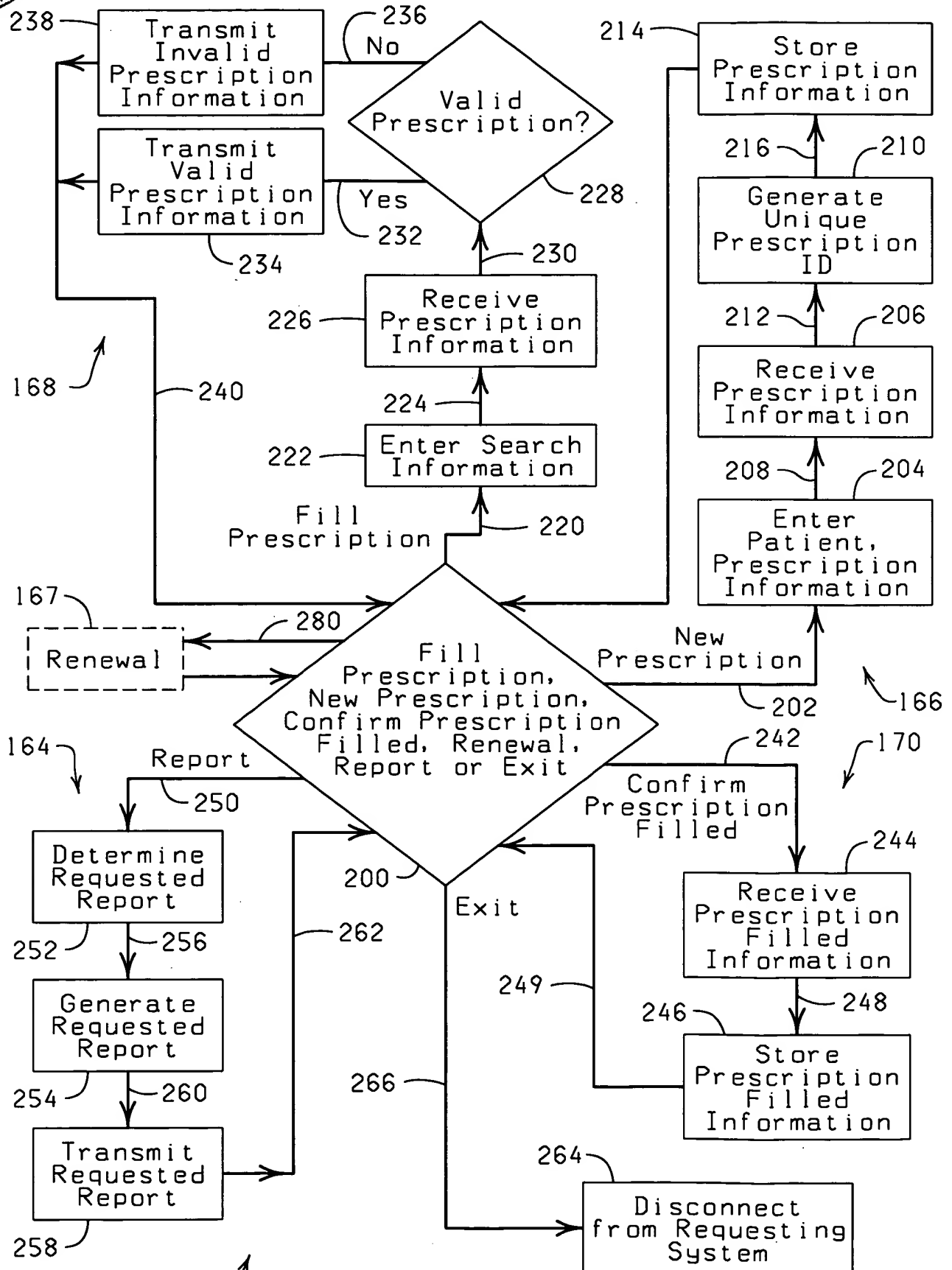


FIG. 6



162

**FIG. 2**

172



314 302 316 300

Prescription#: 12345-678-9101 Status: Filled

Step 1: Patient Information

First Mid Int Last  
Patient Name: John J Doe  
Social Security Number: 1234-56-7891  
Date of Birth: 01/23/1972 MM/DD/YYYY  
Gender: M  
Medical Record #: 567  
Consent form signed: Yes Consent Form

304 → This patient has allergies. ☐ Report

Step 2: Issuing Practitioner

First Last  
Practitioner Name: Test Doc  
DEA #: 999999  
State License #: 987654

306 →

Step 3: Prescription Information

Medication: Acarbose  
Strength: 250mg  
Quantity: 30  
Total Quantity: 150  
SIG: Take one tablet by mouth once daily  
Number of Refills: 4  
Allow Generic: False  
Prescription Confirmed: True

308 →

FIG. 3A



310 →

Step 4: Activity Status  
Total Quantity Filled: 150  
Refills to Date: 5  
Date of Last Refill: 11/10/99 10:48:58 AM PST  
Date of Last Partial:

312 →

Step 5: Request for Renewal  
Date: 318  
Refill Qty. Authorized: 322  
Authorization Code: 320 Qty. Filled:  
326 Message 1: 324  
328 Message 2:  
330   332

FIG. 8B

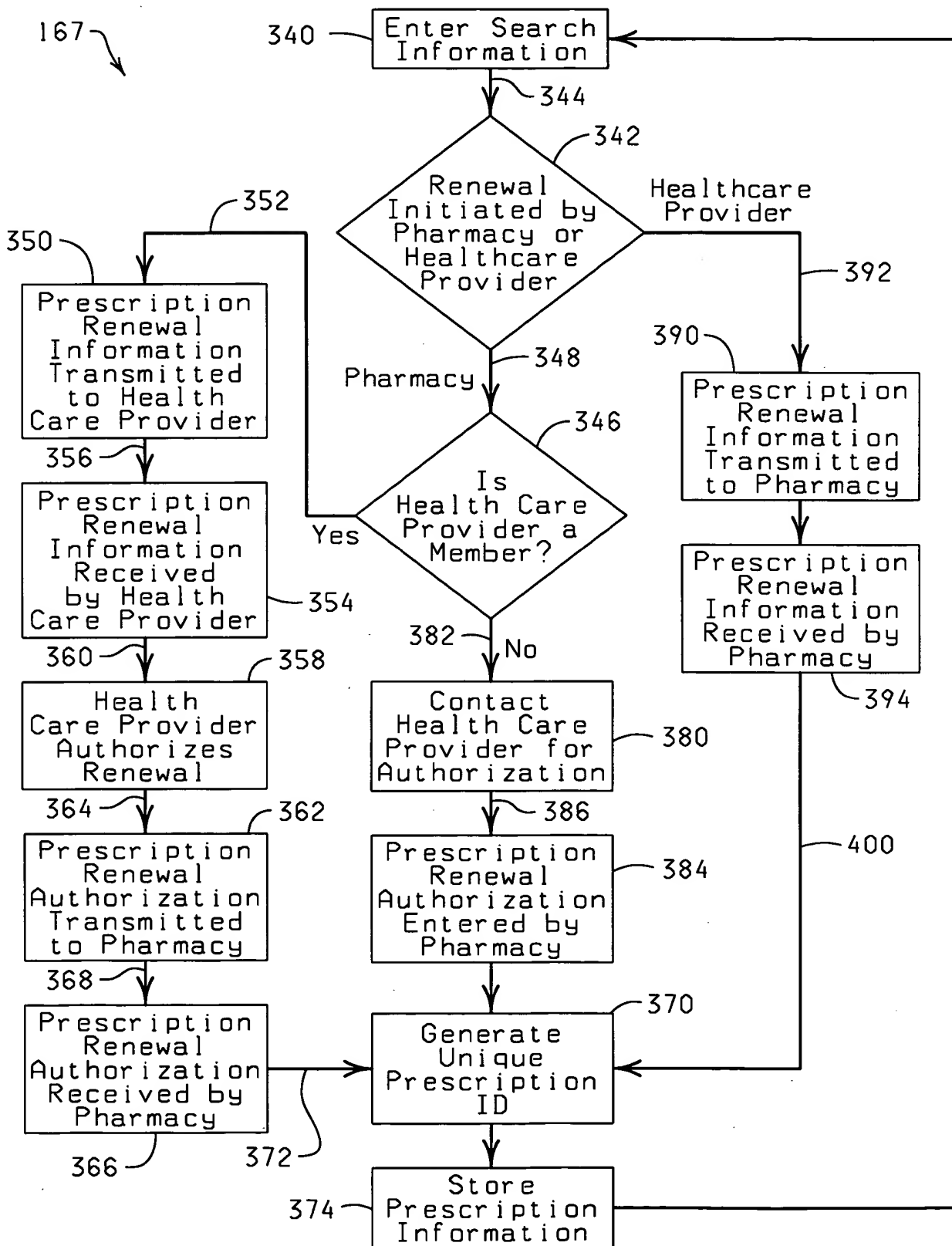


FIG. 9